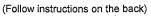


FINANCIAL STATUS REPORT

(Short Form)





	Federal Agency and Organization Element to which Report is Submitted	 Federal Grant or Other Identifying Assigned By Federal Agency 	Number	OMB Approval No. 0348-0039		Page 1 of 1	
	Denali Commission	202-06					
3.	Recipient Organization (Name and complete a	address, including ZIP code)					
	STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT DIVISION OF COMMUNITY ADVOCACY P.O. BOX 110803, JUNEAU, AK 99811-0803						
	Employer Identification Number	Recipient Account Number or Ide	ntifying	6. Final Report	7. Basis		
				₩ V □			
	92-0001109	AR 32/30-03		<u> </u>			
				Yes No	Cash Accru	ıal	
8.	Funding/Grant Period (See instructions)			Period Covered by this Report			
	From: (Month, Day, Year)				From: (Month, Day, Year) To: (Month, Day,		
	11/15/2005	12/31/2007		11/1	5/2005	12/31/2005	
10.	Transactions:		I .	1	II	· 101	
				Previously	This Period	Cumulative	
<u> </u>				Reported			
	a. Total outlays			0.00	0.00	0.00	
	b. Recipient share of outlays			0.00	0.00	0.00	
	c. Federal share of outlays			0.00	0.00	0.00	
				0.00			
d. Total unliquidated obligations						0.00	
				15.0		0.00	
<u> </u>	e. Recipient share of unliquidated obligations	- 4-44				0.00	
e. Recipient share of uninquidated obligations						0.00	
ļ	f Foderal about the state of a fall and a fa					0.00	
	f. Federal share of unliquidated obligations					0.00	
g. Total federal share (Sum of lines c and f)						0.00	
h. Total Federal funds authorized for this funding period						400,000.00	
l ·		·			19.75		
i. Unobligated balance of Federal funds (Line h minus line g)						400,000.00	
	,					,	
11.	Indirect Expense	a. Type of Rate (Place "X" in Approp	riate box)		The state of the s	3	
		☐ Provisional	_	etermined	☐ Final	☐ Fixed	
		b. Rate	c. Base	d. Total Amount		e. Federal Share	
1		1.					
12.	Remarks: Attach any explanations deemed r	ecessary or information required by Fe	deral sponso	oring agency in con	pliance with govern	ning legislation	
						:	
13.	Certification: I certify to the best of my knowle	edge and belief that this report is corre	t and comple	ete and that all out	lays and unliquidate	ed obligations are for	
1	the purposes set forth in the award document				- ,	Ť	
Typed or Printed Name and Title Telephon				e (Area code, Number and extension)			
l ·			(907) 46	165-5444			
Signature of Authorized Certifying Official				ate Report Submitted			
Prev	vious Editions not Usable		1 -70	<u>- 10 w</u>	Standard	form 269A (REV 4-88)	

Standard form 269A (REV 4-88)

Prescribed by OMB Circular A-102 and A-110

